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TECH CENTER 1600/290

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66782-039 (P-AR 5585)	
SERIAL NO: 09/670,537	FILING DATE: September 27, 2000	EXAMINER: D. Jones	GROUP ART UNIT: 1616 CONFIRMATION NO.: 6771
INVENTION: DIAGNOSTIC PROBES AND THERAPEUTICS TARGETING UPA AND UPAR			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence
is being deposited with the United States
Postal Service as first class mail in an
envelope addressed to: Commissioner for
Patents, P.O. Box 1450, Alexandria, VA
22313-1450 on August 18, 2003.

By: Melody E. Clark
Melody E. Clark, Reg. No. 51,566

August 18, 2003
Date of Signature

Transmitted herewith is response to the Restriction
Requirement mailed June 18, 2003, in the above-identified
application.

- ☒ Small Entity status of this application has been
established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in
duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	49	-	49	-	0	x	\$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	3	-	3	-	0	x	\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in
this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

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- X Please charge my Deposit Account No. 502624 the amount of \$55.00, which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Melody E. Clark

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